

Paid

SOLD BY
Demo Hospital
55-A5, h839



INVOICE

BILLING ADDRESS

hospital customer

Ph: 9898987676

Invoice No: DEM_11

Date: 2026-04-15

| Sl | Description | Qty | Unit | Dist | Price | Total |
|----|-------------|-----|-------|------|-------|-------|
| 1 | fj | 988 | 0.000 | 0 | 0.000 | 0 |

AMOUNT IN WORDS

Zero Rupees Only

Sub Total ₹0.000

Rounded Off 0

Grand Total ₹0.000

Payment **Cash**

This is a computer-generated invoice. No signature required.